

World Summit on
**PSYCHIATRY DISORDERS,
MENTAL HEALTH AND
WELLNESS**

June 24-25, 2019 | Philadelphia, USA

MENTAL HEALTH 2019



ACCEPTED ABSTRACTS

PSYCHIATRY DISORDERS, MENTAL HEALTH AND WELLNESS

June 24-25, 2019 | Philadelphia, USA

J Ment Health Aging 2019, Volume 3

UNDERSTANDING THE MENTAL HEALTH STIGMA IN THE AFRICAN AMERICAN COMMUNITY FROM A HISTORICAL LENS

Robyn C Hill

Professional Black Christian Therapist Network, Tunisia

Mental health services continue to underserve the African American community as a whole, mostly in part due to the distrust of providers as well as a lack of understanding of what the services entail. Looking from a historical perspective, author will explore the development of mental health facilities in the US under the advocacy of Dorothea Dix, the progression of treatment in long term care, the shift from asylum to community mental health centers and the disparity of services along the timeline within the African American community. They will also look at solutions to better engage the community to gain reception and provide a better standard of care.



Note:

PSYCHIATRY DISORDERS, MENTAL HEALTH AND WELLNESS

June 24-25, 2019 | Philadelphia, USA

J Ment Health Aging 2019, Volume 3

CUTTING-EDGE TECHNOLOGY FOR EVALUATION AND TREATMENT OF BOTH THE CAUSE AND SYMPTOMS OF PSYCHIATRIC AND MENTAL HEALTH DISORDERS

Diane Roberts Stoler

Dr. Diane Brain Health, USA

qEEG-Pro by BrainMaster Technologies offers advancements over other QEEG programs. A standard electroencephalogram (EEG) records electrical activity or brainwaves representing underlying cortical brain activity, while a Quantitative EEG (qEEG) process allows you to create a brain map through precise measurement and quantitative comparison identifying patterns of dysfunction. In the past, qEEG would produce visual pictures of the various hertz of the brain and amplitude. Brain mapping is a set of neuroscience techniques predicated on the mapping of (biological) quantities or properties onto spatial representations of the brain resulting in maps. Unlike other QEEG software qEEG-Pro provides in-depth sLORETA information, as well as protocol recommendations for treating causes and symptoms of neurological disorders, along with 2 and 3 dimensional photos with locations of specific Brodmann areas and neural networks. She is a neuropsychologist, board certified health psychologist, board certified sports psychology and survivor of multiple neurological disorders and brain injuries. Once she was suffered from permanent brain damage and would never walk or talk again. However, through this type of technology she was able to regain her life again. She will present step-by-step on how qEEG Pro works showing clinicians how to evaluate through evidence based technology causes of various symptoms of neurological disorders, along with discussing specific treatment modalities to help patients regain their life again, as she has done with her own.



Note:

PSYCHIATRY DISORDERS, MENTAL HEALTH AND WELLNESS

June 24-25, 2019 | Philadelphia, USA

J Ment Health Aging 2019, Volume 3

UBUNTU: A MODEL OF POSITIVE MENTAL HEALTH

Derek Wilson

Prairie View A&M University, USA

The examination of mental health in accordance to laws of social relations provides an important background for examining mental health. While the scholarship within sociological perspective offers little insight into mental wellness the need to develop a significant construct from which to assess the trajectory of mental health within the context of culture is warranted. While theories in sociological research discuss the direct implications of sociocultural connections to a people's way of functioning stronger connections are in order for defining their mental health implication, grounded in a specific cultural reality, is required in conceptualizing positive mental health from a cultural sociological perspective. This discussion focuses on the relevance for developing positive mental health model that reflect on the interest and image of the culture which the individual represents; including the cultural traditions and practices that are unique to their particular way of being. This model of positive mental health to be presented is known as Ubuntu: Connectedness, competence, and consciousness. Author as an African philosophical ethos is the fundamental interdependence or orientation describing human beingness in accordance to one's relationship with others. For example the Akan people value the responsibility to others as the supreme moral principle/episteme. While he helps to define the function of humaneness, it also espouses a system of principles or central themes of connectedness, competency and consciousness. It is proposed that the term connectedness be used as a fundamental principle or theme of mental health for all individuals. Connectedness as a concept refers to an individual's attitude and need to form social bonds; it serves as a psychological construct of belonging. Competency is a general repertoire of skills required for effective human functioning. Social competence is the relationship skills, flexibility and the ability to navigate between primary culture and dominant culture (cultural competence). Consciousness— the state of awareness of internal and external activities— at its basic level features the interplay between perception and conception. Perceptual consciousness is the process of attaining awareness or understanding as experienced through the senses; revealing of one's conscious understanding.



Note:

PSYCHIATRY DISORDERS, MENTAL HEALTH AND WELLNESS

June 24-25, 2019 | Philadelphia, USA

J Ment Health Aging 2019, Volume 3

ANALYZING LONG-DURATION AND HIGH-FREQUENCY DATA USING THE TIME-VARYING EFFECT MODEL

Haiyi Xie

Geisel School of Medicine, USA

With the rapid development of methods for electronic data capture, longitudinal data sets with many assessment points have become common in mental health services and addiction research. These data typically exhibit complex and irregular patterns of change and the relationship between variables may also change over time. Existing statistical methods are not flexible enough to capture this complexity, but a new method, the time-varying effect model (TVEM), permits modeling nearly any shape of change and allows the effect of an independent variable on outcome to change over time. This paper introduces TVEM and illustrates its application using data from a 16 year study of 223 participants with serious mental illness and substance abuse.



Note:

PSYCHIATRY DISORDERS, MENTAL HEALTH AND WELLNESS

June 24-25, 2019 | Philadelphia, USA

J Ment Health Aging 2019, Volume 3

ADDICTION AND RECOVERY: A HUMANIZING AND HEALING JOURNEY WITH ART THERAPY

Janeane Grisez

Ursuline College, USA

Art therapy has been well established and evidenced in the literature since the 1950's. Art therapy has various forms of application and has been successfully employed in substance abuse treatment in the following ways: to help clients grapple with the 12 steps; to explore connections between thoughts, feelings and behaviours as related to substance abuse incidents (Cox and Price, 1990); to recognize and express internalized shame (Wilson, 2002); and to develop healing symbols for recovery (Matto, 2002). Understanding substance use disorder, treatment modalities, and utilizing appropriate terminology is vital in efforts of increasing successful recovery efforts and decreasing the stigma related to people in recovery. Innovative treatment strategies are critical in helping individuals to end their destructive patterns and learn to live without substances. Solution-focused techniques in combination with art therapy methods, offer a strengths-based treatment structure for helping individuals move into more functional behaviors, without getting stuck in the shame of past dysfunction. Appropriate ethical practice in confidentiality, as well as the ability to determine adherence to the appropriate ethics of Art therapists, counselors, social workers, psychotherapists and current regulations and laws is crucial when providing services for the well-being of our clients. These concepts will be disseminated and discussed. A journey of healing will be explored through visual examples of art therapy intervention in substance use treatment. Author will create personal healing symbols of recovery through technique of mandala making, processing and discussion of resulting insight. Each participant will create their own personal healing symbol mandala.



Note:

PSYCHIATRY DISORDERS, MENTAL HEALTH AND WELLNESS

June 24-25, 2019 | Philadelphia, USA

J Ment Health Aging 2019, Volume 3

INVOLUNTARY PATIENTS IN THE PEDIATRIC EMERGENCY DEPARTMENT: A RETROSPECTIVE CHART REVIEW

Gray C, Cloutier P, Thompson B, Chan E, Reid S and Beaudry E

University of Ottawa, USA

Objectives: While a number of studies have compared the characteristics of voluntary and involuntary adult patients presenting to the Emergency Department (ED), this study is the first Canadian study to examine involuntary pediatric patients in the ED. The objective of this study was to compare the demographic, clinical and clinical management of involuntary and voluntary patients presenting to a pediatric emergency department.

Methods: A retrospective chart review was completed for all mental health patients presenting to the emergency department at The Children's Hospital of Eastern Ontario in 2015 (n=1437 patients with 2082 presentations; 58.9% female, age M=14.25, SD = 3.03). The variables extracted include demographic information, number of ED visits, restraint use and discharge status. Group comparisons were made with parametric and non-parametric statistics as appropriate. All tests were two-tailed.

Results: Of the 2082 presentations, 14.6% (n=303) were involuntary (physician order of assessment or police apprehension under the provincial mental health act). Significant differences were found between groups (involuntary vs voluntary) on demographic, clinical and clinical management variables. Specifically, involuntary patients were more likely to be female (53.8 vs 44.9%) to be older (15.3 years vs 14.5 years) and to live under the care of child protection services (21.2% vs 12.0%) than voluntary patients (all p-values <.01). Involuntary patients were more likely to present with higher triage acuity (97.3% vs 85.2%) have repeat visits to the ED (38.9% vs 29.6%) to require restraint (15.5% vs 3.7%) to obtain a consultation from psychiatry-on-call (59.4% vs 25.0%) and to be admitted to the psychiatric inpatient unit (34.5% vs 10.6%) than voluntary patients (all p-values <0.01).

Conclusions: Involuntary status among pediatric patients presenting with psychiatric and behavioral complaints can serve as a marker for acute mental illness that is more likely to require increased access to psychiatric consultation and admission to hospital. In two-thirds of patients, however, discharge can be accomplished following emergency department mental health assessment. Further study of this population will identify factors that may allow for more appropriate allocation of resources.



Note: